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| <b>Case Number:</b>   | CM13-0055549 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/18/2004 |
| <b>Decision Date:</b> | 03/28/2014   | <b>UR Denial Date:</b>       | 11/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old male who reported an injury on 08/18/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed with causalgia of the lower limb, joint pain in the ankle, reflex sympathetic dystrophy of the lower limb, recurrent major depression, and psychogenic pain. The patient was seen by [REDACTED] on 10/14/2013. The patient reported an increase in pain level. Physical examination was not provided. Treatment recommendations included prescriptions for Hydrocodone, Omeprazole, Citalopram, and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Omeprazole DR 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor

and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

**Citalopram 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18 and 107.

**Decision rationale:** California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. As per the documentation submitted, the patient does maintain a diagnosis of recurrent major depression. The patient has been continuously utilizing this medication. Documentation of an objective functional improvement has not been provided. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

**Ibuprofen 800mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report an increase in pain level. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.